



Memphis Shelby County Health Department
Pollution Control Section
814 Jefferson Avenue
Memphis, TN 38105



NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (O-Original, R-Revised, C-Cancelled)							
II. Facility Information (Identify Owner, Removal Contractor, Operator)							
Owner Name:							
Address:							
City:	State:	Zip					
Contact:	Telephone: ()						
Removal Contractor:							
Address:							
City:	State	Zip					
Contact:	Telephone: ()						
Other Operator (if Different From Owner)							
Address:							
City:	State:	Zip:					
Contact:	Telephone: ()						
III. Type of Operation (D-Demo., O-Ordered Demo., R-Renov., E-Emer. Renov.)							
IV. Is Asbestos Present? (Yes/No) ASBESTOS INSPECTION SURVEY IS DUE PRIOR TO START OF ACTIVITY							
V. Facility Description (include Building Name, Number and Floor or Room Number)							
Building Name:							
Address							
City:	State	Zip:					
Site Location							
Building Site Total Sq. Ft.:	# of Floors:	Age in Years:					
Present Use:	Prior Use:						
VI. Procedure and Analytical Method Used to Detect the Presence of Asbestos Material							
VII. Approximate Amount of Asbestos in Work Area Including							
1. Regulated ACM to be Removed	RACM To Be Removed	Non-friable Asbestos Material				Units of Measurement	
2. Category I ACM Not Removed		Not to be Removed					
3. Category II ACM Not Removed		To be Removed					
Pipes		Cat I	Cat II	Cat I	Cat II	LnFt	Ln m
Surface Area						SqFT	Sq m
Vol. RACM Off Facility Components						CuFT	Cu m
VIII. Scheduled Dates for Asbestos Removal							
Start:		Complete:					
Scheduled Dates of Preparation							
Start:		Complete:					
Days of Week: (circle) ALL Sun Mon Tue Wed Thur Fri Sat							
Hours of Day:							
IX. Scheduled Dates for Demo./Renovation							
Start:		Complete:					
X. Description of Planned Demolition or Renovation Work, Method(s) to be Used:							
XI. Description of Work Practices and Engineering Controls to be used to Prevent Emissions of Asbestos at the Demolition and Renovation Site:							

NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION, (Cont'd)

XII. Waste Transporter #1		
Name:		
Address:		
City:		
Contact Person:		
Waste Transporter #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. Waste Disposal Site		
Name:		
Location:		
City:	State:	
Telephone:		
XIV. If Demolition Ordered by a Government Agency, Please Identify Below:		
Name:	Title:	
Authority:		
Date of Order (mm/dd/yy):	Date ordered to Begin (mm/dd/yy)	
XV. For Emergency Renovations		
Date and Hour of Emergency (mm/dd/yy):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event Caused Unsafe Conditions or Would Cause Equipment Damage or an Unreasonable Financial Burden:		
XVI. Description of Procedures to be followed in the event asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.		
XVII. I certify that an individual trained in the provisions of this Regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that required training has been accomplished by this person will be available for inspection during normal business hours. (REQUIRED AFTER NOVEMBER 20, 2000)		
_____ (Signature of Owner/Operator)		_____ (Date)
XVIII. I certify that the above information is Correct.		
_____ (Signature of Owner/Operator)		_____ (Date)

Original notification must be submitted 10 working days prior to any activity.

Submit completed form and \$130.00 notification fee by U. S. Postal Service / or Hand Deliver to:

**Memphis Shelby County Health Department
Pollution Control Section
814 Jefferson Avenue, 4th Floor
Memphis, Tennessee 38105
(901) 544-7349**